

United States Senate

Committee on Finance
WASHINGTON, DC 20510-2700

Log: Myers

CJG/Reps

April 21, 2010

Via Electronic Transmission

Emma Forkner
Director
South Carolina Department of Health and Human Services
State of South Carolina
P.O. Box 8206
Columbia, SC 29202

Dear Director Forkner:

In the United States, the federal and state governments spend roughly \$317 billion every year on the Medicaid program. As Ranking Member of the Senate Committee on Finance, I have an obligation to ensure that taxpayer dollars are appropriately spent on federal health care programs. Like the Medicare program, Medicaid suffers from systemic weaknesses that lead to fraud, waste, and abuse across the program, resulting in higher costs and less health care to those who are in need. The overutilization of prescription drugs, whether through drug abuse or outright fraud, plays a significant role in the rising cost of our healthcare system. The purpose of this letter is to request information regarding certain outliers in South Carolina's Medicaid program and what steps South Carolina takes to monitor rates of utilization.

In recent inquiries, I have asked the U.S. Department of Health and Human Services about physicians prescribing mental health drugs at astonishingly high rates. In addition to these concerns, a recent CNN report detailed the increasing abuse of OxyContin, Roxicodone, and Xanax. Specifically, the report described the role some pain management clinics and physicians play in the black market for these drugs. I write today to better ascertain how high rates of both mental health and pain medication utilization are affecting the Medicaid program, as well as how South Carolina's rates compare to the national rates.

To that end, please provide charts that list of the top ten Medicaid prescribers of the following drugs for the years 2008 and 2009. For each prescriber, please provide his/her prescriber identifier, and the number of prescriptions written per drug per year, and the total amount billed to Medicaid per drug, separated for each year.

- Abilify;
- Geodon;
- Seroquel;
- Zyprexa;

- Risperdal;
- OxyContin;
- Roxicodone; and
- Xanax.

I thank you in advance for your cooperation and request that you provide the requested documents and written responses by no later than May 5, 2010. In your reply, please format information into a chart like the examples provided below. All formal correspondence should be sent electronically in PDF format to Brian_Downey@finance-rep.senate.gov or via facsimile to (202) 228-2131. Of course should you wish to discuss this matter further, please do not hesitate to contact Christopher Armstrong of my Committee staff at (202) 224-4515.

Sincerely,



Charles E. Grassley
Ranking Member

Attachment

Drug X, 2008

Prescriber Identifier	Total prescriptions	Total billed to Medicaid
123456789	25,000	250,000
234567891	24,000	240,000
345678912	23,000	230,000
456789123	22,000	220,000
567891234	21,000	210,000
678912345	20,000	200,000
789123456	19,000	190,000
891234567	18,000	180,000
912345678	17,000	170,000
012345678	16,000	160,000

Drug X, 2009

Prescriber Identifier	Total prescriptions	Total billed to Medicaid
123456789	25,000	250,000
234567891	24,000	240,000
345678912	23,000	230,000
456789123	22,000	220,000
567891234	21,000	210,000
678912345	20,000	200,000
789123456	19,000	190,000
891234567	18,000	180,000
912345678	17,000	170,000
012345678	16,000	160,000

Report for Senator Grassley
SCDHHS
Report of Atypical Anti-Psychotics and Pain Medications

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Possible Data Limitations:

For the time frame requested, pharmacy claims processing standards allowed for a number of different identifiers to be used to name the prescribing physician or pharmacy claims. These identifiers include: physician state license number, NPI number, DEA registration number, and state assigned provider number. The determination of which prescriber identifier to require is made by each Managed Care Organization and their respective Pharmacy Benefits Manager (PBM), resulting in a number of methods being used to identify prescribers on pharmacy claims for South Carolina Medicaid Beneficiaries. Unfortunately, not comprehensive data base is available to link the multiple identifiers to any particular prescriber. The data presented in this report was ascertained by manually linking the various prescription identifiers. While we have attempted to arrive at the number of claims by prescriber based on NPI number, there is the possibility that the totals presented do not represent the total number of prescriptions submitted by the prescribers listed.

**Report for Senator Grassley
SCDHHS
Report of Atypical Anti-psychotics and Pain Medications**

Ability, 2008		
Prescriber Identifier	Total Prescriptions	Total Billed to Medicaid
1 1629001516	308	130,297
2 1073578506	260	115,168
3 1760430573	233	111,644
4 1023154853	214	100,850
5 1326096660	219	95,075
6 1336231851	187	93,787
7 1629029178	228	88,414
8 1043308356	35	76,825
9 1386752236	187	74,381
10 1467400671	136	65,012

Ability, 2009		
Prescriber Identifier	Total Prescriptions	Total Billed to Medicaid
1 1518069855	353	159,051
2 1467400671	328	157,687
3 1043308356	91	138,056
4 1336231851	218	112,320
5 1023063377	223	110,395
6 1952454324	200	98,977
7 1568668101	224	94,766
8 1508840687	215	91,000
9 1700887189	205	87,719
10 1316912066	129	62,902

Report for Senator Grassley
SCDHHS
Report of Atypical Anti-psychotics and Pain Medications

Geodon, 2008			
	Prescriber Identifier	Total Prescriptions	Total Billed to Medicaid
1	1023063377	127	57,270
2	1356301360	97	47,219
3	1467400671	127	46,899
4	1578666731	112	41,448
5	1760430573	94	35,442
6	1386752236	106	32,268
7	1467400871	95	30,318
8	1336231851	60	29,360
9	1598862179	54	28,301
10	1356458061	72	25,900

Geodon, 2009			
	Prescriber Identifier	Total Prescriptions	Total Billed to Medicaid
1	1023063377	145	68,105
2	1427006808	225	64,301
3	1467400671	176	60,904
4	1851482210	138	55,058
5	1386752236	164	54,224
6	1609895796	122	49,767
7	1316912066	99	40,504
8	1356301360	74	39,913
9	1134111222	70	29,922
10	1508931312	69	28,533

Report for Senator Grassley
SCDHHS
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Oxycontin, 2008		
Prescriber Identifier	Total Prescriptions	Total Billed to Medicaid
1 1467566968	62	37,762
2 1720019607	68	36,287
3 1255401782	45	34,926
4 1326029976	90	34,725
5 1346253614	23	32,383
6 1235104464	22	26,081
7 1407944085	11	21,611
8 1528045978	49	19,345
9 1730164229	28	18,150
10 1093768616	13	17,037

Oxycontin, 2009		
Prescriber Identifier	Total Prescriptions	Total Billed to Medicaid
1 1528045978	100	68,058
2 1871609388	49	47,355
3 1346253614	22	37,749
4 1720019607	44	33,706
5 1235154998	33	32,997
6 1235104464	22	26,081
7 1700833878	27	25,414
8 1467566968	27	24,690
9 1750492526	10	24,685
10 1760426241	11	23,143

Report for Senator Grassley
SCDHHS
Report of Atypical Anti-psychotics and Pain Medications

Seroquel, 2008			
	Prescriber Identifier	Total Prescriptions	Total Billed to Medicaid
1	1316912066	483	190,285
2	1023063377	390	259,280
3	1407992803	553	156,859
4	1578666731	269	126,201
5	1508614047	289	91,713
6	1427006808	261	90,768
7	1578655205	211	88,523
8	1073578506	182	74,324
9	1982716437	190	71,515
10	1609895796	183	54,910

Seroquel, 2009			
	Prescriber Identifier	Total Prescriptions	Total Billed to Medicaid
1	1316912066	517	243,343
2	1407992803	466	162,086
3	1023063377	308	143,604
4	1427006808	272	133,666
5	1982716437	238	115,694
6	1861406027	173	100,601
7	1578666731	173	93,823
8	1609895796	277	88,828
9	1467400671	220	84,768
10	1346217601	148	70,939

Report for Senator Grassley
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Risperdal, 2008		
Prescriber Identifier	Total Prescriptions	Total Billed to Medicaid
1 1316912066	919	230,546
2 1003835190	406	127,459
3 1407992803	505	116,884
4 1063481844	582	114,431
5 1073578506	495	106,269
6 1821106774	344	102,657
7 1538170998	398	97,916
8 1578655205	232	82,189
9 1851463566	326	64,899
10 1356309967	353	62,834

Risperdal, 2009		
Prescriber Identifier	Total Prescriptions	Total Billed to Medicaid
1 1063481844	799	59,058
2 1316912066	817	55,586
3 1003835190	218	50,984
4 1809895796	425	42,478
5 1336175603	221	39,355
6 1154349504	367	37,330
7 1588755938	81	34,684
8 1407992803	425	33,391
9 1356309967	378	24,372
10 1629001516	305	24,168

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Roxidocone, 2008		
Prescriber Identifier	Total Prescriptions	Total Billed to Medicaid
1 1720019607	367	27,443
2 1124266911	172	11,572
3 1144233735	86	10,764
4 1619954377	117	10,126
5 1528045978	186	8,561
6 1255401782	142	7,343
7 1417972548	141	6,846
8 1538157334	57	5,512
9 1659325124	56	5,293
10 1871609388	49	5,025

Roxidocone, 2009		
Prescriber Identifier	Total Prescriptions	Total Billed to Medicaid
1 1720019607	494	78,215
2 1144233735	99	52,468
3 1528045978	197	16,772
4 1255401782	158	15,348
5 1871609388	88	13,858
6 1114139854	85	8,388
7 1124266911	79	8,223
8 1659325124	54	7,308
9 1093792608	45	6,139
10 1538157334	57	5,512

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Xanax, 2008		
Prescriber Identifier	Total Prescriptions	Total Billed to Medicaid
1 1891746830	1,054	19,183
2 1295794428	708	16,070
3 1417988072	1,131	9,018
4 1295825370	738	8,497
5 1477509354	140	7,739
6 1427006808	676	7,683
7 1386681626	556	6,856
8 1679503874	556	6,472
9 1023016904	117	6,038
10 1760475057	137	5,022

Xanax, 2009		
Prescriber Identifier	Total Prescriptions	Total Billed to Medicaid
1 1891746830	1,073	16,130
2 1508919879	65	8,879
3 1295825370	588	7,664
4 1295794428	465	7,307
5 1023016904	150	6,186
6 1427006808	485	6,002
7 1184694168	111	5,832
8 1417988072	787	5,719
9 1457303992	63	5,607
10 1851365498	408	5,378

**Report for Senator Grassley
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Zyprexa, 2008		
Prescriber Identifier	Total Prescriptions	Total Billed to Medicaid
1 1760430573	329	217,306
2 1316912066	427	199,105
3 1225003973	196	131,154
4 1073578506	147	96,125
5 1508814047	133	88,347
6 1407992803	235	85,877
7 APRN000027	140	79,024
8 1447234547	116	76,192
9 1336287762	88	72,417
10 1336231851	97	65,588

Zyprexa, 2009		
Prescriber Identifier	Total Prescriptions	Total Billed to Medicaid
1 1316912066	487	255,961
2 1760430573	197	139,851
3 1225003973	168	124,742
4 1356301360	126	100,349
5 1912039108	144	93,772
6 1407992803	218	79,783
7 1023063377	134	78,219
8 1053318212	101	72,918
9 1700998465	103	69,918
10 1851463566	141	58,018

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United States Senate

COMMITTEE ON THE JUDICIARY

WASHINGTON, DC 20510-6275

BRUCE A. COHEN, *Chief Counsel and Staff Director*
KOLAN L. DAVIS, *Republican Chief Counsel and Staff Director*

January 23, 2012

VIA ELECTRONIC TRANSMISSION

Anthony E. Keck
Director
South Carolina Department of Health and Human Services
P. O. Box 8206
Columbia, SC 29202-8206

Dear Mr. Keck:

In May 2010, your state provided my office with data regarding the top ten prescribers of several pain management and mental health drugs in your state. These types of drugs have addictive properties, and the potential for fraud and abuse by prescribers and patients is extremely high. Mental health drugs continue to be prescribed at astounding rates and pain management clinics are turning into a hotbed for black market painkillers. When these drugs are prescribed to Medicaid patients, it is the American people who pay the price for over-prescription, abuse, and fraud.

After an extensive review of prescribing habits of the serial prescribers of pain and mental health drugs in South Carolina, I have concerns about the oversight and enforcement of Medicaid abuse in your state. While I am sensitive to the concerns of misinterpretation of the data you provided, the numbers themselves are quite shocking.

For example, prescriber number 1720019607 wrote 494 scripts for Roxicodone in 2009, while the second highest prescriber wrote 197 prescriptions. The majority of the top ten prescribers for this drug wrote under a hundred scripts.

It is my intention to ensure that each of the states is adequately monitoring, investigating, and stopping fraud and over-prescription of these types of drugs. Therefore, please provide answers to the following questions:

1. What action, if any, has your agency taken with respect to the prescribers identified to the Committee?
2. If there has been no action taken with respect to these prescribers, please explain why not.
3. Please identify which of the providers identified to the Committee remain eligible to bill the Medicaid Program.
4. Please provide the 2010 and 2011 numbers for the top prescribers of these same drugs.
5. Has each of these prescribers been cross-checked for complaints or misconduct with the state medical board or the National Practitioner Data Bank? If not, do you plan to do so?
6. Have any of the prescribers identified to this Committee been referred to your state medical board?
7. Is there any system set up in your state to identify and monitor excessive prescription writing? If not, why not?
8. Have you received any training or guidance from the Centers for Medicare and Medicaid Studies to help identify potential issues with prescription drugs?
9. Does your state maintain a database of all prescribed controlled-substances? If so, what entities have access to it?
10. Does your state have any point-of-sale restrictions related to maximum units, prior authorization, therapeutic duplication, or early refill? If not, why not?
11. Were any of these top ten prescribers identified in the federal-mandated Drug Utilization Review or CMS-base retrospective reviews?
12. Does your state have any programs in place to educate providers about the prescription of antipsychotics to children and adolescents?

Thank you in advance for your cooperation and attention in this matter. When responding to this letter, please number your answers in accordance with my questions. I would appreciate a response by February 13, 2012. If you have any questions, please do not hesitate to contact Erika Smith of my staff at (202) 224-5225.

Sincerely,



Charles E. Grassley
Ranking Member
Committee on the Judiciary



February 10, 2012

The Honorable Charles E. Grassley
United States Senate
Committee of the Judiciary

Dear Senator Grassley:

Thank you for the opportunity to address your concerns about prescription drug abuse in the Medicaid program. The State of South Carolina, as well as the South Carolina Department of Health and Human Services (SCDHHS), does have programs in place to monitor and identify inappropriate use of anti-psychotic and controlled drugs.

In addition, please be aware that SCDHHS conducts on-going data mining to identify fraud and abuse in the Medicaid program that takes into account many factors besides the number of prescriptions written by an individual physician. Because it would be difficult to build a fraud case solely on the limited data sent to you in 2010, we take into account multiple types and sources of information in evaluating the potential for fraud or abuse associated with a Medicaid provider.

SCDHHS is committed to proactive and robust efforts to combat provider over-prescribing and beneficiary drug abuse, and I appreciate your support in combating waste, fraud, and abuse in the Medicaid program.

Our answers to your questions are provided in the following pages. Please do not hesitate to contact us if you need any other information. For questions about the information provided to you in this letter or the attachments, please contact Kathleen Snider in our Compliance and Performance Review Bureau at 803-898-1050.

Sincerely,



Anthony E. Keck
Director

AEK/sss

Enclosure
cc: Patrick Bailey

1. What action, if any, has your agency taken with respect to the prescribers identified to the Committee?

SCDHHS identified the top ten prescribers for each of the eight drugs in question over a two-year period. This accounted for a total of 83 unique providers. The SCDHHS Division of Program Integrity has been involved in a total of 51 now closed and current investigations involving 34 of these providers. These reviews focused on the medical claims submitted by the providers, and were initiated by a complaint on the fraud hotline, other referrals, or data mining. The data mining was based on multiple data elements, not necessarily the prescribing habits of the physicians under review. The outcomes of these Program Integrity investigations are as follows:

- Three cases were referred to the Medicaid Fraud Control Unit in the South Carolina Attorney General's office.
- Abuse and/or overpayment were established in 31 of the cases, and the providers were required to pay back the amounts identified.
- Educational intervention was also provided in 14 cases.
- 13 cases were recently opened and/or are still on-going.

In addition, our Division of Program Integrity conducts data mining to look for patterns that indicate prescription drug abuse. For example, we recently developed a specific algorithm to identify physicians who prescribe drug "cocktails" – combinations of several narcotic and anti-anxiety drugs. These drug combinations have no therapeutic benefit and are sought by drug abusers. The results of this study are still under review, but are expected to generate further Program Integrity investigations.

Also, we will conduct further data drill downs on the providers shown as outliers in the four years of data we have now provided you for the drugs under review. This analysis takes into account the number of pills, the number of prescriptions per patient, patients' diagnoses, whether there is evidence of office visits to show a doctor-patient relationship, and other factors.

In addition, in 2009 SCDHHS implemented a Pharmacy Lock-In program. This program identifies Medicaid beneficiaries with problematic prescription drug utilization indicators, such as:

1. Use of multiple pharmacies and/or prescribers (four pharmacies or five prescribers within a six-month period),
2. History of prior abusive, duplicative, or wasteful pharmacy utilization practices,
3. Utilization patterns that deviate from peer group comparisons,
4. Duplication and inappropriate use of controlled substances or psychotropic drugs,
5. Contra-indications suggesting potential harm to the patient, and
6. Drug-seeking behaviors.

The beneficiary is "locked" into a single pharmacy and any attempt to fill

prescriptions at another pharmacy will result in a rejection of the claim. As of the end of state fiscal year 2011, 192 beneficiaries were in the lock-in program, and prescriptions use significantly declined among this population, with an average estimated savings of \$4,800 per beneficiary. The Division of Program Integrity is expanding the lock-in program to accommodate up to 400 beneficiaries at any one time.

Also, as part of a comprehensive federal review of SCDHHS program integrity activities, a review team from the Centers for Medicare and Medicaid (CMS) identified a noteworthy or "best" practice relating to South Carolina's "...direct involvement in beneficiary fraud cases and its close relationship with the beneficiary fraud unit housed in the State Attorney General's Office. The latter unit is known as the Medicaid Recipient Fraud Unit (MRFU)." The 2011 CMS review team noted that the State agency continues to expand its relationship with MRFU and has developed an effective beneficiary lock-in program.

2. If there has been no action taken with respect to these prescribers, please explain why not.

Please see our answer to question 1.

3. Please identify which of the providers identified to the Committee remain eligible to bill the Medicaid Program.

Fifty-seven of the 83 providers are currently active in the South Carolina Medicaid program. Of the 26 who are no longer active, 16 are no longer enrolled, one was excluded, eight were involuntarily terminated, and one voluntarily terminated his Medicaid enrollment.

4. Please provide the 2010 and 2011 numbers for the top prescribers of these same drugs.

Please see the attached excel spreadsheets.

5. Has each of these prescribers been cross-checked for complaints or misconduct with the state medical board or the National Practitioner Data Bank? If not, do you plan to do so?

Those providers on whom we have opened a program Integrity review were cross checked against the State medical licensing board. However, the SCDHHS Division of Program Integrity will now cross check all the providers identified in the data submitted to you for all four years.

6. Have any of the prescribers identified to this Committee been referred to your state medical board?

Yes, three of these providers had been referred to the medical licensing board.

7. Is there any system set up in your state to identify and monitor excessive prescription writing? If not, why not?

Yes. Please see the attached South Carolina legislation that established the Prescription Monitoring Program in 2006. The purpose of the program is to improve the state's ability to identify and stop diversion of prescription drugs in an efficient and cost effective manner that will not impede the appropriate medical utilization of licit controlled substances. Through this program, the South Carolina Bureau of Drug Control (which is located in a sister state agency, the South Carolina Department of Health and Environmental Control) developed the "S.C. Reporting & Identification Prescription Tracking System" (SCRIPTS). This system collects data on all prescriptions dispensed for Schedule I, II, and III controlled substances. Law enforcement agencies may access this information for bona fide specific drug related investigations involving a designated person. This includes both the Medicaid Fraud Control Unit and the Medicaid Recipient Fraud Unit in the South Carolina State Attorney General's Office. SCDHHS is also allowed access to the database but that access is limited only to information regarding Medicaid program recipients.

8. Have you received any training or guidance from the Centers for Medicare and Medicaid Studies to help identify potential issues with prescription drugs?

Yes. Through the Medicaid Integrity Institute, located at the National Advocacy Center in the University of South Carolina campus, all SCDHHS Program Integrity staff has received training in various Medicaid integrity areas, including pharmacy. There have been two sessions attended by SCDHHS staff dedicated to Medicaid pharmacy trends and strategies and techniques for the prevention and detection of fraud and abuse concerning prescription drugs. In addition, SCDHHS staff on November 16, 2011, attended the "South Carolina Prescription Drug Abuse Summit" coordinated by the U.S. Attorney's Office for the district of South Carolina. In addition, in May 2010 SCDHHS participated in "Roundtable Discussion" teleconference with the CMS Education Medicaid Integrity Contractor, Strategic Health Solutions, that focused on issues involving the over-prescribing of certain drugs. During this call specific information on South Carolina Medicaid drug claim data was presented and discussed.

9. Does your state maintain a database of all prescribed controlled-substances? If so, what entities have access to it?

Yes, the SCRIPTS program described in question 7. The attached legislation describes fully which entities have access to this information.

10. Does your state have any point-of-sale restrictions related to maximum units, prior authorization, therapeutic duplication, or early refill? If not, why not?

Yes, South Carolina Medicaid incorporates all of these management tools through the pharmacy point of sale system.

Maximum Units – The SC Medicaid point of sale system for pharmacy claims has established limits for identified drugs which only allows for quantities consistent with FDA approved dosing guidelines. All of the identified antipsychotic medications, OxyContin®, and Xanax XR® are included in these edits.

Prior Authorization (PA) – PA requirements are currently in place for the following:

- All indicated antipsychotics prescribed for children 6 years of age and under require PA
- OxyContin® requires PA for all members
- Selected antipsychotics require PA for adult members

Drug Utilization Review Program – SCDHHS' Drug Utilization Review program includes a prospective DUR component. Prospective DUR means a review of the patient's drug therapy and prescription drug order occurs before each prescription is dispensed. The ProDUR system examines previously paid claims from all participating pharmacies as it reviews a beneficiary's Medicaid-reimbursed prescription history. Consequently, the ProDUR system detects potential problems that are communicated electronically to the pharmacist at point of sale. These potential problems include therapeutic duplication. Once the pharmacist receives a communication that a potential conflict exists, he or she must resolve the conflict prior to dispensing the medication.

Therapeutic Duplication – As noted above, the SC Medicaid point of sale system currently supports edits for therapeutic duplication for all of the identified medications.

Early Refill – Edits are currently in place for all identified products. PA may be granted for early refill on a case by case basis for antipsychotic medications if the clinical situation warrants. PA's are not granted for early refill for controlled substances (Xanax®, OxyContin®, Roxicodone®).

In addition, South Carolina Code of Laws, 44-53-360, which regulates controlled medications, further requires that Schedule II drugs are not allowed refills and must be on hard-copy prescription signed by the prescriber.

11. Were any of these top ten prescribers identified in the federal-mandated Drug Utilization Review or CMS-base retrospective reviews?

No. South Carolina Medicaid's Retrospective Drug Utilization Review Process (federal-mandated Drug Utilization Review) is a patient-centric approach to providing educational feedback to providers in an effort to improve quality of care; therefore, no provider profiling level evaluations were performed. However, at the patient level, recent reviews relevant to the identified medications include inappropriate utilization of benzodiazepines (Xanax®), polypharmacy, and evaluations of patients identified as high utilizers of prescription medications. The CMS retrospective reviews conducted by the Medicaid Integrity Contractors have

also not identified any of these prescribers since they have not been focused on physicians' prescribing patterns for anti-psychotics or narcotics.

12. Does your state have any programs in place to educate providers about the prescription of antipsychotics to children and adolescents?

Yes. Beginning November 1, 2009, SCDHHS began a six-month Pharmaceutical Care Coordination pilot program for children, 6 years old and younger, receiving antipsychotic drugs or sedative medications used to treat mental and behavioral health disorders. This program was administered through the agency's pharmacy point of sale contractor.

A second program, the South Carolina Offering Prescribing Excellence (SCORxE) Academic Detailing Project, is being used as a means to improve the quality and cost-effectiveness of care for South Carolina Medicaid beneficiaries with selected illnesses. SCDHHS initially contracted with the South Carolina College of Pharmacy (SCCP) to implement a medication-risk management program (academic detailing) to improve the drug therapy regimens of Medicaid beneficiaries with mental health disorders, HIV aids or cancer. The first illnesses targeted were schizophrenia and major depressive disorders. SCORxE clinical educators meet face-to-face with Medicaid prescribers and provide balanced, clinical information to assist with evidence-based appropriate treatment decisions.

Academic detailing is a research and operationally validated tool for achieving better outcomes and value from medical care and has been shown to be effective in promoting safe, appropriate and cost-effective prescribing. The SCORxE Academic Detailing Service was originally developed and implemented in six counties with the infrastructure in place for statewide launch and evaluation. Detailing visits have averaged 29 minutes with psychiatric specialist and 22 minutes with primary care providers. Ninety-nine percent of the providers visited thus far have agreed to follow-up visits.

The next phase of the SCORxE Academic Detailing Project is being carried out under the auspices of the CHIPRA grant. The new focus is on ADHD, and topic development (research, presentation packet, key evidenced based discussion points, clinical training, etc) was completed April 2011. SCORxE completed on-site visits to 18 participating pediatric offices. During the first round of visits, they conducted individual educational meetings with a total of 129 practitioners

Finally, SCDHHS is working with a sister state agency, the Department of Social Services (DSS), to enroll foster children with severe behavioral health needs in a care coordination program. Our own evaluations of drug utilization by this group have identified the need to ensure appropriate prescribing of psychotropic medications. The care coordination model ensures provider education and monitoring of prescribing patterns, therefore optimizing clinical evidenced-based outcomes for children.

South Carolina Department of Health and Environmental Control - www.scdhec.gov

Drug Control - Prescription Monitoring Program (PMP)

Prescription Monitoring Act

SECTION 1. Chapter 53, Title 44 of the 1976 Code is amended by adding:

"Article 15

Prescription Monitoring Program

Section 44-53-1610.

This article may be cited as the 'South Carolina Prescription Monitoring Act'.

Section 44-53-1620.

This article is intended to improve the state's ability to identify and stop diversion of prescription drugs in an efficient and cost effective manner that will not impede the appropriate medical utilization of licit controlled substances.

Section 44-53-1630. As used in this section:

- (1) 'Controlled substances' means those substances listed in Schedules II, III, and IV of the schedules provided for in Sections 44-53-210, 44-53-230, 44-53-250, and 44-53-270.
- (2) 'Dispenser' means a person who delivers a Schedule II-IV controlled substance to the ultimate user, but does not include:
 - (a) a licensed hospital pharmacy that distributes controlled substances for the purpose of inpatient hospital care or dispenses prescriptions for controlled substances at the time of discharge from the hospital;
 - (b) a practitioner or other authorized person who administers these controlled substances; or
 - (c) a wholesale distributor of a Schedule II-IV controlled substance.
- (3) 'Drug control' means the Department of Health and Environmental Control, Bureau of Drug Control.
- (4) 'Patient' means the person or animal who is the ultimate user of a drug for whom a prescription is issued or for whom a drug is dispensed, or both.

Section 44-53-1640.

(A) The Department of Health and Environmental Control, Bureau of Drug Control may establish and maintain a program to monitor the prescribing and dispensing of all Schedule II, III, and IV controlled substances by professionals licensed to prescribe or dispense these substances in this State.

(B)(1) A dispenser shall submit to drug control, by electronic means, information regarding each prescription dispensed for a controlled substance. The following information must be submitted for each prescription:

- (a) dispenser DEA registration number;
- (b) date drug was dispensed;
- (c) prescription number;
- (d) whether prescription is new or a refill;
- (e) NDC code for drug dispensed;
- (f) quantity dispensed;
- (g) approximate number of days supplied;
- (h) patient name;
- (i) patient address;
- (j) patient date of birth;
- (k) prescriber DEA registration number;
- (l) date prescription issued by prescriber.

(2) A dispenser shall submit the information required pursuant to subsection (B)(1) in accordance with transmission methods and protocols provided in the 'ASAP Telecommunications Format for Controlled Substances, May 1995 Version', developed by the American Society for Automation in Pharmacy, and frequency established by drug control, but shall report at least every thirty days, between the 1st and the 15th of the month following the month the prescription was dispensed.

(3) Drug control may issue a waiver to a dispenser who is unable to submit prescription information by electronic means. The waiver may permit the dispenser to submit prescription information by paper form or other means if all information required pursuant to subsection (B)(1) is submitted in this alternative format.

Section 44-53-1650.

(A) Prescription information submitted to drug control is confidential and not subject to public disclosure under the Freedom of Information Act or any other provision of law, except as provided in subsections (C) and (D).

(B) Drug control shall maintain procedures to ensure that the privacy and confidentiality of patients and patient information collected, recorded, transmitted, and maintained is not disclosed, except as provided for in subsections (C) and (D).

(C) If there is reasonable cause to believe a violation of law or breach of professional standards may have occurred, drug control shall notify the appropriate law enforcement or professional licensure, certification, or regulatory agency or entity and shall provide prescription information required for an investigation.

(D) Drug control may provide data in the prescription monitoring program to the following persons:

(1) a practitioner or pharmacist who requests information and certifies that the requested information is for the purpose of providing medical or pharmaceutical treatment to a bona fide patient;

(2) an individual who requests the individual's own prescription monitoring information in accordance with procedures established pursuant to state law;

(3) a designated representative of the South Carolina Department of Labor, Licensing and Regulation responsible for the licensure, regulation, or discipline of practitioners, pharmacists, or other persons authorized to prescribe, administer, or dispense controlled substances and who is involved in a bona fide specific investigation involving a designated person;

(4) a local, state, or federal law enforcement or prosecutorial official engaged in the administration, investigation, or enforcement of the laws governing illicit drugs and who is involved in a bona fide specific drug related investigation involving a designated person;

(5) the South Carolina Department of Health and Human Services regarding Medicaid program recipients;

(6) a properly convened grand jury pursuant to a subpoena properly issued for the records;

(7) personnel of drug control for purposes of administration and enforcement of this article;

(8) qualified personnel for the purpose of bona fide research or education; however, data elements that would reasonably identify a specific recipient, prescriber or dispenser must be deleted or redacted from such information prior to disclosure. Further, release of the information only may be made pursuant to a written agreement between qualified personnel and the department in order to ensure compliance with this Subsection.

Section 44-53-1660.

Drug control may contract with another agency of this State or with a private vendor, as necessary, to ensure the effective operation of the prescription monitoring program. A contractor shall comply with the provisions regarding confidentiality of prescription information in Section 44-53-1650 and is subject to the penalties specified in Section 44-53-1680 for unlawful acts.

Section 44-53-1670.

Drug control may promulgate regulations setting forth the procedures and methods for implementing this article.

Section 44-53-1680.

(A) A dispenser who knowingly fails to submit prescription monitoring information to drug control as required by this article, or who knowingly submits incorrect prescription information, is guilty of a misdemeanor, and upon conviction, must be fined not more than two thousand dollars or imprisoned not more than two years, or both.

(B) A person or persons authorized to have prescription monitoring information pursuant to this article who knowingly discloses this information in violation of this article is guilty of a felony and, upon conviction, must be fined not more than ten thousand dollars or imprisoned not more than ten years, or both.

(C) A person or persons authorized to have prescription monitoring information pursuant to this article who uses this information in a manner or for a purpose in violation of this article is guilty of a felony and, upon conviction, must be fined not more than ten thousand dollars or imprisoned not more than ten years, or both.

(D) Nothing in this chapter requires a pharmacist or practitioner to obtain information about a patient from the prescription monitoring program. A pharmacist or practitioner does not have a duty and must not be held liable in damages to any person in any civil or derivative criminal or administrative action for injury, death, or loss to person or property on the basis that the pharmacist or practitioner did or did not seek or obtain information from the prescription monitoring program. A pharmacist or practitioner acting in good faith is immune from any civil, criminal, or administrative liability that might otherwise be incurred or imposed for requesting or receiving information from the prescription monitoring program."

For additional information, contact: E-mail or telephone (803) 896-0688

SCDHHS Provider Summary Data
Ability, Geodon, Seroquel, Zyprexa, Risperdal, OxyContin, Oxycodone, and Xanax

Pharmacy claims processing standards allow for a number of different identifiers to be used to name the prescribing physician on pharmacy claims.

These identifiers include: physician state license number, NPI number, DEA registration number, and state assigned number.

The determination of which prescriber identifier to require is made by each managed care organization and their respective pharmacy benefits manager (PBM), resulting in a number of methods being used to identify prescribers on pharmacy claims for SC Medicaid beneficiaries. Unfortunately, no comprehensive database is available to link the multiple identifiers to any particular prescriber.

The data presented in this report was ascertained by manually "linking" the various prescriber identifiers.

While we have attempted to arrive at the number of claims by prescriber based on NPI number, there is the possibility that the totals presented to not represent the true total number of prescriptions submitted by the prescribers listed.

SCDHHS Provider Summary Data
Ability

Ability, 2010	Prescriber Identifier	Total Prescriptions	Total Billed to Medicaid
1 1467400671		237	\$139,043.59
2 1780721373		247	\$136,885.80
3 1043308356		115	\$119,202.32
4 1467486134		163	\$90,656.04
5 1629001516		164	\$89,141.28
6 1952454324		161	\$89,115.76
7 1336231851		160	\$88,965.62
8 1760430573		162	\$88,908.69
9 1609895796		181	\$88,292.55
10 1023154853		143	\$75,589.24

Ability, 2011	Prescriber Identifier	Total Prescriptions	Total Billed to Medicaid
1 1780721373		139	\$91,372.16
2 1467400671		136	\$84,071.13
3 1629001516		169	\$83,268.30
4 1467486134		126	\$79,830.70
5 1336231851		129	\$79,757.32
6 1952454324		130	\$74,889.20
7 1518069855		150	\$70,916.62
8 1760430573		112	\$70,225.15
9 1609895796		123	\$66,720.50
10 1700887189		178	\$65,949.44

SCDHHS Provider Summary Data
Geodon

Geodon, 2010			
Prescriber Identifier	Total Prescriptions	Total Billed to Medicaid	
1 1467400671	220	\$84,518.58	
2 1609895796	137	\$58,362.00	
3 1427006808	149	\$46,643.06	
4 1386752236	111	\$45,032.23	
5 1316912066	79	\$43,687.02	
6 1356301360	67	\$42,563.69	
7 1578666731	92	\$41,662.89	
8 1487857645	65	\$37,809.67	
9 1417069501	54	\$37,248.77	
10 1467486134	56	\$33,432.33	

Geodon, 2011			
Prescriber Identifier	Total Prescriptions	Total Billed to Medicaid	
1 1467400671	211	\$82,859.38	
2 1578666731	91	\$47,642.65	
3 1316912066	70	\$43,744.65	
4 1285869578	94	\$36,101.52	
5 1427006808	102	\$33,000.72	
6 1609895796	74	\$30,485.08	
7 1629001516	83	\$29,625.39	
8 1487857645	42	\$28,164.85	
9 1336231851	50	\$27,401.31	
10 1851482210	54	\$26,442.74	

SCDHHS Provider Summary Data
OxyContin

Oxycontin, 2010	Prescriber Identifier	Total Prescriptions	Total Billed to Medicaid
1 1871609388		54	\$60,980.33
2 1669495255		30	\$53,754.51
3 1235154998		41	\$46,805.50
4 1205821865		128	\$43,457.03
5 1528045978		43	\$38,556.23
6 1720019607		46	\$37,147.52
7 1750492526		12	\$35,640.52
8 1154371649		31	\$30,009.98
9 1235114737		46	\$28,843.71
10 1194778423		16	\$26,570.88

Oxycontin, 2011	Prescriber Identifier	Total Prescriptions	Total Billed to Medicaid
1 1871609388		46	\$55,890.38
2 1154371649		34	\$45,751.01
3 1205821865		103	\$34,143.74
4 1629294798		21	\$31,879.96
5 1467566968		36	\$31,416.31
6 1235114737		41	\$28,968.60
7 1528045978		28	\$27,010.38
8 1952474769		33	\$25,334.52
9 1629154554		11	\$24,830.81
10 1538198171		24	\$20,852.98

SCDHHS Provider Summary Data

Seroquel

Seroquel, 2010			
	Prescriber Identifier	Total Prescriptions	Total Billed to Medicaid
1	1316912066	597	\$273,586.74
2	1407992803	399	\$190,667.03
3	1467486134	245	\$125,488.66
4	1578666731	212	\$122,166.78
5	1982716437	162	\$99,399.23
6	1578655205	166	\$93,935.57
7	1609895796	305	\$90,517.18
8	1336231851	147	\$83,281.58
9	1467400671	208	\$75,850.77
10	1972508802	132	\$74,808.72

Seroquel, 2011			
	Prescriber Identifier	Total Prescriptions	Total Billed to Medicaid
1	1316912066	470	\$240,678.48
2	1407992803	327	\$190,727.44
3	1578666731	198	\$119,311.56
4	1467486134	169	\$98,153.94
5	1558338459	172	\$89,981.05
6	1972508802	133	\$82,641.18
7	1609895796	220	\$71,441.80
8	1508919879	106	\$69,945.80
9	1982716437	103	\$68,822.66
10	1578655205	97	\$67,803.41

SCDHHS Provider Summary Data
Risperdal

Risperdal, 2010			
Prescriber Identifier	Total Prescriptions	Total Billed to Medicaid	
1 1578655205	312	\$149,349.58	
2 1912039108	264	\$99,214.74	
3 1487857645	317	\$96,723.78	
4 1578666731	210	\$95,287.41	
5 1710906805	200	\$88,267.60	
6 1336231851	209	\$84,554.42	
7 1467486134	185	\$73,324.88	
8 1003835190	253	\$60,765.13	
9 1417050576	89	\$57,718.82	
10 1316912066	1,042	\$53,451.89	

Risperdal, 2011			
Prescriber Identifier	Total Prescriptions	Total Billed to Medicaid	
1 1487857645	253	\$114,806.05	
2 1912039108	211	\$105,490.37	
3 1578666731	207	\$90,766.30	
4 1578655205	163	\$78,573.49	
5 1336231851	170	\$68,022.65	
6 1710906805	170	\$65,571.58	
7 1376576447	206	\$61,936.03	
8 1467486134	135	\$52,294.60	
9 1316912066	863	\$42,774.22	
10 16999723106	78	\$42,643.19	

SCDHHS Provider Summary Data**Roxicodone**

	Roxicodone, 2010	Total Prescriptions	Total Billed to Medicaid
	Prescriber Identifier	Total Prescriptions	Total Billed to Medicaid
1	1720019607	412	\$65,198.05
2	1144233735	250	\$43,165.85
3	1871609388	96	\$15,644.97
4	1528045978	160	\$13,811.83
5	1114139854	108	\$12,189.91
6	1659325124	61	\$11,035.98
7	1265425763	50	\$9,867.43
8	1255401782	92	\$9,242.98
9	1124005541	26	\$8,657.74
10	1962466276	75	\$6,842.17

	Roxicodone, 2011	Total Prescriptions	Total Billed to Medicaid
	Prescriber Identifier	Total Prescriptions	Total Billed to Medicaid
1	1144233735	216	\$17,483.38
2	1871609388	92	\$8,641.30
3	1528045978	162	\$7,584.39
4	1215946538	144	\$6,939.35
5	1851419378	99	\$6,178.63
6	1265493605	44	\$5,316.43
7	1730166265	113	\$5,143.78
8	1700860665	61	\$4,105.55
9	1265425763	29	\$4,028.88
10	1114139854	49	\$3,732.17

SCDHHS Provider Summary Data
Xanax

Xanax, 2010			
Prescriber Identifier	Total Prescriptions	Total Billed to Medicaid	
1 1891746830	1,248	\$18,146.58	
2 1295825370	876	\$9,519.52	
3 1508919879	101	\$9,045.70	
4 1427006808	724	\$9,014.49	
5 1417988072	1,205	\$8,709.33	
6 1295794428	555	\$8,672.13	
7 1487677696	32	\$7,173.15	
8 1386681526	455	\$6,077.64	
9 1023016904	129	\$5,950.50	
10 1235154998	140	\$5,816.12	

Xanax, 2011			
Prescriber Identifier	Total Prescriptions	Total Billed to Medicaid	
1 1891746830	1,187	\$14,967.04	
2 1508919879	96	\$8,747.42	
3 1295825370	795	\$7,677.25	
4 1427006808	668	\$6,830.07	
5 1417988072	1,038	\$6,469.40	
6 1487677696	38	\$6,074.75	
7 1295794428	328	\$6,008.56	
8 1184694168	104	\$5,658.39	
9 1780721373	342	\$5,252.97	
10 1023016904	109	\$4,931.27	

SCDHHS Provider Summary Data
Zyprexa

Zyprexa, 2010	Prescriber Identifier	Total Prescriptions	Total Billed to Medicaid
1 1316912066		597	\$327,465.19
2 1760430573		190	\$131,822.17
3 1912039108		168	\$117,555.79
4 1225003973		135	\$105,571.06
5 1578655205		142	\$99,088.54
6 1578666731		145	\$98,028.01
7 1487857645		129	\$95,997.23
8 1407992803		228	\$93,228.24
9 1336287762		110	\$83,621.62
10 1356309967		193	\$79,345.34

Zyprexa, 2011	Prescriber Identifier	Total Prescriptions	Total Billed to Medicaid
1 1316912066		532	\$308,504.42
2 1578666731		174	\$126,595.57
3 1760430573		152	\$125,893.92
4 1912039108		138	\$115,238.83
5 1407992803		245	\$112,661.40
6 1336287762		111	\$101,526.07
7 1649222779		106	\$100,338.23
8 1639291669		84	\$97,093.16
9 1912948647		122	\$96,673.75
10 1225003973		99	\$95,743.16